



PATENT  
Q207-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

BERG, Paul et al.

Serial No: 10/820,955

Filed: April 7, 2004

For: BATTERY CONNECTION STRUCTURE  
AND METHOD

Art Unit: 1795

Examiner: WILLS, Monique

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM248393770US

Dated: March 12, 2009

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1. Transmittal Letter (1 page)
2. Fee Transmittal Letter(1 page)
3. Notice of Appeal (1 page)
4. Form PTO/SB/31 - Notice of Appeal from the Examiner (1 page)
5. Form PTO/SB/33 - Pre-Appeal Brief Request for Review (1 page)
6. Pre-Appeal Brief Request for Review (4 pages)
7. Petition for Extension of time (1 page)
8. Form PTO-2038, credit card authorization (1 page)
9. Self addressed stamped postcard (1 page)

March 12, 2009

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Total Number of Pages in This Submission</b>	<b>Application Number</b>	10/820,955
	<b>Filing Date</b>	April 7, 2004
	<b>First Named Inventor</b>	BERG, Paul et al.
	<b>Group Art Unit</b>	1795
	<b>Examiner Name</b>	WILLS, Monique
	<b>Attorney Docket Number</b>	Q207-US1

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment	Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – 1 month	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	<input checked="" type="checkbox"/> Pre-Appeal Brief Request for Review
Information Disclosure Statement	CD, Number of CD(s) _____	<input checked="" type="checkbox"/> Form PTO/SB/33 Pre-Appeal Brief Request for Review
		<input checked="" type="checkbox"/> Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences
	Remarks	
Certified Copy of Priority Document(s)		
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

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(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 3/12/2009

Phone: (818) 833-2003

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By:

Travis Dodd  
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P.O. Box 923127  
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## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this  
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Typed or printed  
name

Signature

Date



## FEE TRANSMITTAL

Attorney Docket No.	Q207-US1
First Named Inventor:	BERG, Paul et al.
Application Number	10/820,955
Filing Date:	April 7, 2004
Examiner Name:	WILLS, Monique
Group/Art Unit:	1795

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$335.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other – Credit Card

### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	24 – 26 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	4 – 5 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
<b>Total of above Calculations =</b>					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
<b>Total of above Calculations =</b>			\$0.00

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Notice of Appeal	\$	\$270.00	\$270.00
One month extension of time	\$	\$65.00	\$65.00
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			\$335.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/12/2009